

Employment Application

APPLICANT INFORMATION							
Last Name		First		M.I.	Date		
Street Address				Apartment/Unit #			
City			State		ZIP		
Home Phone		Cell Phone		Email			
Date Available		Social Security No.		Desired Pay			
Position Applied for:			Full time <input type="checkbox"/> Part time <input type="checkbox"/> Seasonal <input type="checkbox"/>				
Applicable Skills: <input type="checkbox"/> Small Tools Knowledge <input type="checkbox"/> Plan Comprehension <input type="checkbox"/> Survey Abilities & Layout <input type="checkbox"/> Grade Stake Comprehension <input type="checkbox"/> Pull Trailer/Haul Equipment		Equipment Operator: <input type="checkbox"/> Skidsteer <input type="checkbox"/> Mini-Excavator <input type="checkbox"/> Backhoe <input type="checkbox"/> Excavator <input type="checkbox"/> Blade <input type="checkbox"/> Loader		Pipe Layer Experience: <input type="checkbox"/> Storm <input type="checkbox"/> Sanitary <input type="checkbox"/> Water <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> ROW		Misc. Skills: <input type="checkbox"/> Concrete Finishing / Structures <input type="checkbox"/> Asphalt Paving <input type="checkbox"/> Welding / Fabrication <input type="checkbox"/> OSHA Safety Qualified	
Do you have a valid driver's license?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	State		Number	
Do you have valid CDL license?		If yes, type:		Are you at least 18 years of age?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are you a citizen of the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever worked for this company?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Are you available to work weekends?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
In Case of Emergency Contact		Name		Relation		Phone Number	

EDUCATION							
High School				City		State	
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Other				City		State	
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree

REFERENCES	
<i>Please list two personal or professional references.</i>	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

NIXCAVATING, INC.



PREVIOUS EMPLOYMENT: LIST MOST RECENT/CURRENT FIRST											
Company					Phone ()						
City/State					Supervisor						
Job Title				Starting Pay		\$		Ending Pay		\$	
Responsibilities											
From			To			Reason for Leaving					
May we contact your previous supervisor for a reference?					YES <input type="checkbox"/>		NO <input type="checkbox"/>				
Company					Phone ()						
City/State					Supervisor						
Job Title				Starting Pay		\$		Ending Pay		\$	
Responsibilities											
From			To			Reason for Leaving					
May we contact your previous supervisor for a reference?					YES <input type="checkbox"/>		NO <input type="checkbox"/>				
Company					Phone ()						
City/State					Supervisor						
Job Title				Starting Pay		\$		Ending Pay		\$	
Responsibilities											
From			To			Reason for Leaving					
May we contact your previous supervisor for a reference?					YES <input type="checkbox"/>		NO <input type="checkbox"/>				

MILITARY SERVICE						
Branch			From		To	
Rank at Discharge				Type of Discharge		
If other than honorable, explain:						

DISCLAIMER AND SIGNATURE	
I certify that my answers are true and complete to the best of my knowledge.	
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. I also understand that the use of illegal drugs is prohibited during employment. Company policy requires testing, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.	
Signature	Date